

ille Safety Rest Area



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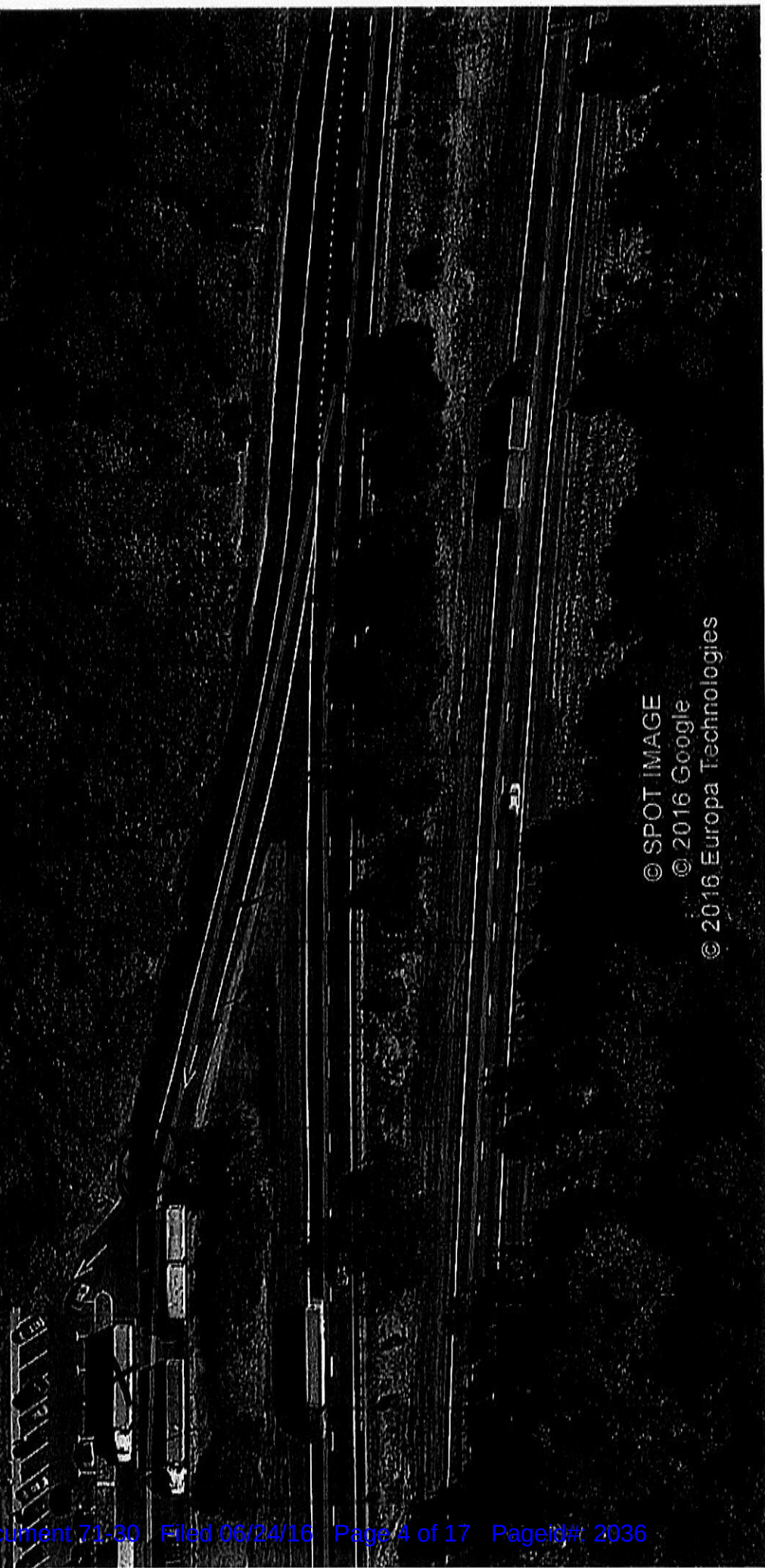
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ACE
DEPOSITION
EXHIBIT
Ace Court Reporting Service

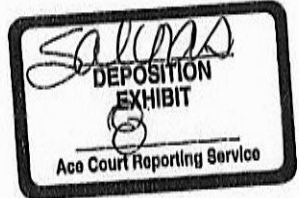


ille Safety Rest Area



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DRIVER'S APPLICATION FOR EMPLOYMENT



Applicant Name (print) Roy Salinas Date of Application 9-09-15
Company Salinas Express, LLC
Address PO Box 1224
City Zapata State TX Zip 78076

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature Roy Salinas Date 9/09/15

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED Yes REJECTED _____
DATE EMPLOYED _____ POINT EMPLOYED _____
DEPARTMENT Driver CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)
SIGNATURE OF INTERVIEWING OFFICER X

TERMINATION OF EMPLOYMENT

TERMINATED _____ DEPARTMENT RELEASED FROM _____
SED _____ VOLUNTARILY QUIT _____ OTHER _____
TION REPORT PLACED IN FILE _____ SUPERVISOR _____

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691 (Rev. 6/13)

REQUEST FOR CHECK OF DRIVING RECORD

NOTE TO MOTOR CARRIER: SEE BACK SIDE FOR STATES THAT ACCEPT THIS FORM.

hereby authorize you to release the following information to _____
(Prospective Employer)

or purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

[Signature] (Applicant's Signature) 9-9-15 (Date)

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Reform 10/2/12 Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

(Signature of Requester) (Date)

TO: _____

DEAR SIR/MADAM:

- ☐ The following named person has made application with our company for the position of _____. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.
- ☐ The following named person is employed with our company in the position of _____. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER [Signature]

ADDRESS 2301 Davis St 20040 TX 76026
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS 2301 Davis St 20040 TX 76026
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH 10-02-70 SSN 444-44-4444 LICENSE NO. 16471516

REQUESTED BY

Solinas Express LLC _____
(Name of Company) (Typed Name)

2301 Davis St _____
(Address) (Title)

20040 TX 76026 _____
(City) (State) (Signature)

DRIVER STATEMENT OF ON-DUTY HOURS

(For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers, when using a driver for the first time, must obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the carrier, as required by section 395.8(j)(2) of the Federal Motor Carrier Safety Regulations. NOTE: Hours for any work during the preceding 7 days, including any compensated work for a non-motor carrier, must be recorded on this form.

This form should be completed on the day the driver is scheduled to begin driving a commercial motor vehicle, and must be kept on file for at least 6 months.

Driver Name (Print) Regina

Employee ID No. _____

DAY	1 (yesterday)	2	3	4	5	6	7	
DATE								
HOURS WORKED	0	0	0	0	0	0	0	TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at

A.M.
P.M. On _____ Day _____ Month _____ Year

Driver's Signature Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, and performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer?

(check one)
☐ Yes ☒ No

At this time do you intend to work for another employer while still employed by this company?

☐ Yes ☒ No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Regina 7-9-15
Driver's Signature Date

Witness: _____ Date
Company Representative

MOTOR VEHICLE DRIVER'S Certification of Violations/Annual Review of Driving Record

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT) <i>Ray Solis</i>	ID NUMBER	DATE OF EMPLOYMENT <i>9-9-15</i>
HOME TERMINAL (CITY AND STATE) <i>240210 TX 76124</i>	DRIVER'S LICENSE NUMBER <i>16471516</i>	STATE EXPIRATION DATE <i>10-22-2020</i>

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

(If you have had no violations, check the following box - ☐ None.)

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date _____ Driver's Signature *Ray Solis*

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- ☐ Meets minimum requirements for safe driving ☐ Is disqualified to drive a motor vehicle pursuant to Section 391.15
- ☐ Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____
Signature

_____ Date

_____ Printed Name

_____ Title

Motor Carrier Name _____ Motor Carrier Address _____

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

Motor Vehicle Driver's

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing or rated at 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing or rated at 10,001 pounds or more, can transport more than 15 people (or more than 8 people when there is direct compensation), or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation, suspension, cancellation, or disqualification of your driver's license or driving privilege. In addition, Section 383.31 requires that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to your employing motor carrier. The notification must be in writing.
- 3) **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I possess:

Driver's License No. 1647186 State TX Exp. Date 10-07-2020

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): Ray Solinas

Driver's Signature: Ray Solinas Date: _____

Notes: _____

(This form is not required for DOT compliance.)

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>Driver's License</u>		Document Title: <u>Secret Security</u>		Document Title:
Issuing Authority: <u>State of Texas</u>		Issuing Authority: <u>Dept. of Health & Human Resources</u>		Issuing Authority:
Document Number: <u>16471516</u>		Document Number: <u>444-61-4662</u>		Document Number:
Expiration Date (if any)(mm/dd/yyyy): <u>10-02-2020</u>		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write In This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)		Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name)	First Name (Given Name)	Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
---	-------------------------	----------------	---

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.		
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: Roy Salinas ID Number: _____
(print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: ☐ Yes ☒ No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: ☐ Yes ☐ No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: Roy Salinas Date: 8-9-15

Witnessed By: _____ Date: _____
(signature)

PROSPECTIVE EMPLOYER: The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. Under DOT rule §391.23(g), you *must* respond to this inquiry within 30 days of receipt.

Please complete SECTIONS 2 through 4 (as applicable) and return to the prospective employer shown in SECTION 1.

APPLICANT: Complete SECTION 1 and submit to prospective employer.

PROSPECTIVE EMPLOYER: Remove Ply 3 and adjacent carbon, complete SECTION 5a on Ply 3, and send Ply 1 and 2 to current / previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name)

Ray Soliman
First, M.I., Last

hereby authorize:

444-61-7667
Social Security Number

Date of Birth

Previous Employer:

Email:

Street:

Telephone:

City, State, Zip:

Fax No.:

to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (date of employment application)

To:

Prospective Employer:

Telephone:

Attention:

Street:

City, State, Zip:

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number:

Prospective employer's confidential email address:

Date

Applicant's Signature

TO BE COMPLETED BY PREVIOUS EMPLOYER

EMPLOYMENT VERIFICATION

The applicant named above was or is employed or used by us. Yes ☐ No ☐

Employed as (job title) _____ from (m/y) _____ to (m/y) _____

Did he/she drive a motor vehicle for you? Yes ☐ No ☐ If yes, what type? Straight Truck ☐ Tractor-Semitrailer ☐ Bus ☐
Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) _____

Completed by:

Company:

Street:

City, State, Zip:

Telephone:

Signature:

Date:

Complete Sections 3 and 4 on SIDE 2 before returning.

PREVIOUS EMPLOYER: REMOVE CARBON BEFORE COMPLETING SIDE 2

ORIGINAL PROSPECTIVE EMPLOYER

Safety Performance History Records Request

RECIPIENT EMPLOYER: The individual identified in SECTION 1 below has indicated that you employ(ed) or use(d) him/her within the last 3 years in a position that involved the operation of a commercial motor vehicle and/or that was subject to U.S. Department of Transportation (DOT)-regulated drug and alcohol testing.

In accordance with 49 CFR §§40.25 and 391.23, we are hereby requesting that you supply us with the Safety Performance History of this individual. Under DOT rule §391.23(g), you *must* respond to this inquiry within 30 days of receipt.

Please complete SECTIONS 2 through 4 (as applicable) and return to the prospective employer shown in SECTION 1.

APPLICANT: Complete SECTION 1 and submit to prospective employer.

PROSPECTIVE EMPLOYER: Remove Ply 3 and adjacent carbon, complete SECTION 5a on Ply 3, and send Ply 1 and 2 to current / previous employer. Upon receipt of completed form, complete SECTION 5b and retain.

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name)

First, M.I., Last

hereby authorize:

Social Security Number

Date of Birth

Previous Employer:

Email:

Telephone:

Street:

Fax No.:

City, State, Zip:

to release and forward the information requested by section 4 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from (date of employment application)

To:

Prospective Employer:

Telephone:

Attention:

Street:

City, State, Zip:

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number:

Prospective employer's confidential email address:

Date

Applicant's Signature

TO BE COMPLETED BY PREVIOUS EMPLOYER

EMPLOYMENT VERIFICATION

The applicant named above was or is employed or used by us. Yes ☐ No ☐

Employed as (job title) _____ from (m/y) _____ to (m/y) _____

Did he/she drive a motor vehicle for you? Yes ☐ No ☐ If yes, what type? Straight Truck ☐ Tractor-Semitrailer ☐ Bus ☐
Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) _____

Completed by:

Company:

Street:

City, State, Zip:

Telephone:

Signature:

Date:

Complete Sections 3 and 4 on SIDE 2 before returning.

PREVIOUS EMPLOYER: REMOVE CARBON BEFORE COMPLETING SIDE 2

ORIGINAL PROSPECTIVE EMPLOYER

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS
Under 49 C.F.R. 391.27

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

[illegible]

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Driver's Signature

Motor Carrier's Name

Reviewed by (Signature)

Reviewed by (Printed Name)

Date of Certification

Motor Carrier's Address

Reviewed by (Title)

Date of Review

Note: This form is provided as a suggested format for a commercial motor vehicle driver's certification of violations. A motor carrier may use any format which complies with 49 CFR 391.21.

Unit #110
Roy

C.H. Robinson Contract Addendum and Carrier Load Confirmation - #183835011

ATTENTION: Ruben Salinas Jr at Salinas Express LLC - T5247565
Phone: (956) 763-7347 and Fax:

Carrier is required to check in with and obtain load requirements from C.H. Robinson, prior to arriving at Shipper, by calling (866) 581-0813 and asking for Load #183835011

C.H. Robinson Communication

Customer-Specified Equipment Requirements

Equipment: Van - Exact L=53

Temp Control: N

C.H. Robinson's Customer requires that the Carrier arrives at Shipper with the following specific equipment to properly transport this shipment:

2 load bars are required to secure this shipment.

SHIPPER #1: CreaFill Fibers Corp. CFF
Address: 10200 Worton Rd.
Chestertown, MD 21620

Pick Up Date: 10/20/15

Scheduled to Pick

Pick Up Time: Contact CHR for scheduling information

Phone: (410) 810-0779

Pickup#: Becky

Appointment#:

Please ask for and confirm receipt of:

Commodity	Est Wgt	Units	Count	Pallets	Temp	Ref #
Creafill Fibers	43,500	Pallet(s)	20			

Shipper Instructions

RECEIVER #1: Braniff Transport Cargo
Address: 13599 N Lamar Dr
LAREDO, TX 78045-1801

Phone: (956) 717-3115

Delivery#:

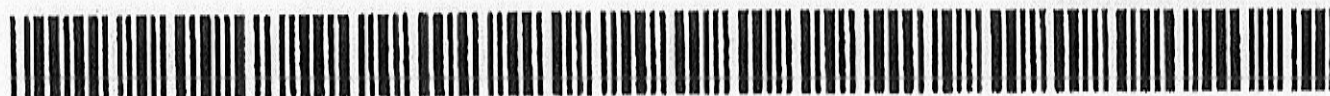
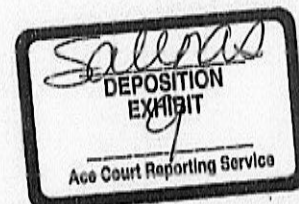
Appointment#:

Please confirm delivery of:

Commodity	Est Wgt	Units	Count	Pallets	Temp	Ref #
Creafill Fibers	43,500	Pallet(s)	20			

Receiver Instructions

Sen + on
10/28/15



C.H. Robinson Contract Addendum and Carrier Load Confirmation - #183835011

Rate Details			
Service for Load #183835011	Amount	Rate	Extended
Line Haul - FLAT RATE	1	\$2,300.00	\$2,300.00
Total:			\$2,300.00

SUBMIT FREIGHT BILL TO:

CHRW Quick Pay Billing
P.O. Box 3474
Chicago, IL 60654
LoadDocs@CHRobinson.com

To insure prompt payment, all billing must be accompanied by an invoice with the Carrier Name and C.H. Robinson Load Number

Fuel Surcharge Information

Please note that C.H. Robinson has included a \$371.70 fuel surcharge within the listed transportation rate on this confirmation. The fuel surcharge is an estimate based off of a weekly national average fuel price from the U.S. Department of Energy.

QUICK PAY and CASH ADVANCE

QUICK PAY - If you are a Carrier who utilizes C.H. Robinson's Quick Pay Program, you may email your invoice and required paperwork to LoadDocs@chrobinson.com or visit CHRWTrucks.com for other scanning options. Funds will be released from C.H. Robinson, minus the fixed discount, within two business days from receipt of complete and legible paperwork. Paperwork received by 12:00 noon (CST) will be counted as same day; paperwork received after 12:00 noon (CST) will count as the next business day. Carriers enrolled in Quick Pay are no longer required to submit original paperwork for payment in addition to using one of our billing methods unless otherwise instructed by C.H. Robinson. Carrier shall retain custody of the original paperwork and provide it to C.H. Robinson upon Request.

C.H. Robinson also recommends that Carrier only submit "receipt" for payment once, regardless of billing method to avoid additional fees. If you would like more information about becoming enrolled in Quick Pay, please contact the Quick Pay Department at (800) 326-9977. For a list of our billing options, please visit CHRWTrucks.com.

CASH ADVANCE - Carriers may request a cash advance from C.H. Robinson to be issued at C.H. Robinson's discretion as a partial settlement to the agreed upon rate. All cash advances will be deducted from final settlement, including a \$15 transaction fee for each individual advance.

Directions

Any directions given by C.H. Robinson or its Customers, whether orally and/or electronically, are for informational purposes only. It is the Carrier's sole responsibility to confirm that it may lawfully and safely operate its vehicle and its contents over any road, highway, bridge and/or route. Carrier shall be solely responsible for any fines, penalties, or citations that may be levied as a result of operating its vehicle equipment and its contents in any way that may be found to be in violation of any regulation, law or ordinance.

Shipper's Driving Directions

SHIPPER 1 - CreaFill Fibers Corp. CFF: FROM THE NORTH (PHILLY/NEW JERSEY)-- Follow I-95 south to rte 1 south. (a toll road). Take rte 1 to route 896/301. (To avoid the toll, exit immediately after the c&d canal bridge on Rte 13 South and follow it to 896/301) Follow 301 S to exit for rte 290 and proceed South to Galena, MD. At the Intersection in Galena go straight on to rte 213 south to rte 297. (suds n soda on the right) Turn rig



C.H. Robinson Contract Addendum and Carrier Load Confirmation - #183835011

C.H. Robinson Contract Addendum and Carrier Load Confirmation Conditions

THIS LOAD CONFIRMATION IS SUBJECT TO THE TERMS OF THE AGREEMENT FOR MOTOR CONTRACT CARRIER SERVICES ("AGREEMENT") PREVIOUSLY EXECUTED BETWEEN OUR COMPANIES AND THIS CONSTITUTES AN ADDENDUM TO THE TERMS OF THAT AGREEMENT. WE AGREE TO PAY THE RATES AND CHARGES SHOWN ABOVE AND NO DIFFERENT TARIFF RATE OR SCHEDULE OF RATES APPLY. THIS LOAD CONFIRMATION IS INCLUSIVE OF ALL CHARGES. UNLESS ORAL AND WRITTEN FAX OBJECTIONS ARE MADE TO ITS TERMS, AT THE EARLIER OF WITHIN TWENTY-FOURS (24) HOURS OF RECEIPT OR PRIOR TO WORK BEING INITIATED, YOU HAVE AGREED TO THESE TERMS.

Additional Terms

1.

Unless C.H. Robinson provides written notice herein that this term does not apply to this shipment, Carrier's motor vehicle equipment shall be dedicated to Broker's exclusive use while transporting freight tendered by Broker (C.H. Robinson Worldwide, Inc. and affiliates) pursuant to this Load Confirmation and Carrier's Agreement with C.H. Robinson. Carrier's violation of this exclusive use requirement shall result in Carrier's forfeiting its right to be paid for the transportation services contemplated by this Load Confirmation, not as penalty, but as liquidated damages.

2.

T-Chek requests made outside of the C.H. Robinson branch's regular business hours may not be authorized. If carrier requires T-Chek advance, carrier must make arrangements with the C.H. Robinson booking branch during their normal business hours and/or upon booking this shipment.

3.

This rate is contingent upon successful and on-time completion of all load terms as orally stipulated or written on this addendum and rate may be subject to reduction if carrier fails to complete any shipment terms and conditions. Rate may be reduced if load picks up or delivers after originally scheduled time and date. Carrier acknowledges that failure to complete any terms and conditions on this shipment may jeopardize or result in loss of future business opportunities with C.H. Robinson and/or cancellation of C.H. Robinson carrier contract.

4.

Accessorial charges (including but not limited to labor, detention, and/or layover charges) must be authorized and approved prior to or at time of occurrence. C.H. Robinson will not provide any reimbursement of any non, prior-approved accessorial charges. Carrier shall ensure the bill of lading is notated either when handling is required or when detention occurs, that a lump sum receipt is provided when a lump sum is hired, and/or that both are included as supporting documents with the Carrier's invoice. All overage, shortage, and damage must be reported to C.H. Robinson immediately, at time of occurrence, and noted on the bill of lading.

5.

C.H. Robinson's Customer requires that Carrier provide tracking updates, for this shipment, through C.H. Robinson, around the following events via EDI or via chrwtrucks.com (unless otherwise specified on this confirmation):

- Arrival at and departure from Shipper(s) within thirty (30) minutes of occurrence
- A minimum of one check call per day, prior to 10:00am, each day that Carrier is in possession of this shipment
- Arrival at and departure from Receiver(s) within thirty (30) minutes of occurrence

6.

For any problems or issues after regular business hours or over the weekends, please contact C.H. Robinson at (800) 443-4010.

7.

Pursuant to C.H. Robinson carrier contract, carrier will provide an amount of cargo insurance coverage sufficient to cover the loss or damage of any commodities and cargo carried. Carrier's cargo insurance policy must not exclude from coverage any commodities or cargo carried on this order. If carrier's cargo insurance policy contains a schedule of covered vehicles, carrier will not transport any cargo on this shipment using a vehicle that is not listed as a scheduled vehicle on carrier's cargo insurance policy.

